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APPLICANTS

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** CONTINUING DATA *None* No RD

** FOREIGN APPLICATIONS *None* No RD

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY KY	SHEETS DRAWING 13	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 28
35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met	Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		

ADDRESS
21972
LEXMARK INTERNATIONAL, INC.
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TITLE
Balanced satellite distributions

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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